

TOWN OF STEPHENS CITY

APPLICATION FOR TOWN TREASURER

A resume may be included with this application if desired. If additional space is needed for completing the application, please attach paper and note on the application where more information is provided.

1. Name _____
Last First Middle

2. Is any addition information relative to change of name, use of an assumed name or nickname necessary to enable a check on your work and educational record? If yes, please explain.

3. Address _____
Street City State Zip

4. Are you over 21? _____ Telephone Number _____

5. SS Number _____ VA Operator's License Number _____

6. Can you, after employment, submit verification of your legal right to work in the United States? _____

7. Have you ever possessed a driver's license in any state other than VA? _____
If yes, what state? _____

8. List all traffic violation convictions. Give date, place of violations, and charges.

9. List all other convictions of a criminal offense. List the city, county, state and dates.

10. Do you have any special skills, talent, trade, or training that would benefit you as a town employee?

11. A copy of the job description, including physical requirements, is available to review.
Can you perform these requirements? Yes _____ No _____

12. Why are you interested in this position?

13. Do you have any relatives already employed by the Town of Stephens City?
If so, give position held _____

14. Names of persons will to provide work related and/or character references.

Name

Address(street, city, state)

Phone number

EDUCATION:

15. Do you possess a high school equivalency certificate (GED)? Yes _____ No _____
If yes, give state and date it was issued. _____

16. List each high school, trade school, business college, college or university attended.
Name of school & address Date attended and graduated

WORK EXPERIENCE

17. Employment Record: (Begin with present position)

- A. Date Employed _____
Name of Employer _____
Complete Address _____
Job Title _____
Immediate Supervisor _____
Telephone Number _____
Describe your work _____
Reason for leaving _____
- B. Date Employed _____
Name of Employer _____
Complete Address _____
Job Title _____
Immediate Supervisor _____
Telephone Number _____
Describe your work _____
Reason for leaving _____
- C. Date Employed _____
Name of Employer _____
Complete Address _____
Job Title _____
Immediate Supervisor _____
Telephone Number _____
Describe your work _____
Reason for leaving _____
- D. Date Employed _____
Name of Employer _____
Complete Address _____
Job Title _____
Immediate Supervisor _____
Telephone Number _____
Describe your work _____
Reason for leaving _____

18. Are you willing to take a drug screening test? Yes _____ No _____

Signature of applicant _____ Date of application _____